DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

first and joint inventor (if plural names are listed belof for which a patent is sought on the invention entitled	ow) of the subject matter which is claimed and				
NOVEL SUBSTITUTED BENZOXAZINES AS	INTEGRIN ANTAGOINISTS				
The specification of which, with any Preliminary An	nendment, (check one)				
[X] is attached hereto					
$[E]$ was filed on $\underline{N/A}$ and was amended on $\underline{N/A}$ (if a	applicable).				
Thereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.					
acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)					
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any application for patent or inventor's certificate having a filing date before that of the Lapplication on which priority is claimed:					
PRIOR FOREIGN APPLICATION(S)	Priority Claimed				
PCT/US / PCT (Number) (Country) (Day/month/year filed	[]Yes []No				
I hereby claim the benefit under Title 35, United States Code, §119(e) and §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:					
(US Patent No.) (Filing date) (Application Serial No.) (Filing date)	(Issue Date) (Status)				

POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: S. CHRISTOPHER BAUER, Registration No. 42,307; DENNIS A. BENNETT, Registration No. 34,547; JAMES C. FORBES, Registration No. 39,457; J. TIMOTHY KEANE, Registration No. 27,808; VERNE A. LUCKOW, Registration No. 45,950; RICHARD A. MUELLER, Registration No. 41,094; RACHEL A. POLSTER, Registration No. 47,004; JAMES M. WARNER, Registration No. 45,199; SCOTT A. WILLIAMS, Registration No. 39,876; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to Rachel A. Polster at 636-737-5761 and address all correspondence to:

Pharmacia Corporation Corporate Patent Department 800 N. Lindbergh, Blvd Mail Zone O4E St. Louis, MO 63167 ATTENTION: Rachel A. Polster

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

l.)	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR 1	Vianello	Paola	
RESIDENCE & CITIZENSHIP	CITY Milan	STATE	COUNTRY Italy
POST OFFICE ADDRESS	POST OFFICE ADDRESS Via Trebazio 6	CITY Milan	STATE OR COUNTRY Italy
SIGNATURE OF INVENTOR 1	Previous	DATE	ZIP CODE 20145

2.)	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR 2	Bandiera	Tiziano	
RESIDENCE & CITIZENSHIP	CITY Gambolò (Pavia)	STATE	COUNTRY Italy
POST OFFICE ADDRESS	POST OFFICE ADDRESS Corso Vittorio Emanuele 44/a	Gambolò (Pavia)	STATE OR COUNTRY Italy
SIGNATURE OF INVENTOR 2	THION Pandier	DATE	ZIP CODE 27025